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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768098

1. Corporation Name

THE ASSOCIATION OF WOOD BROOK MOBILE HOME ESTATE  
S, INC.

Principal Place of Business

1510 ARIANA ST  
BOX 90  
LAKELAND FL 33803

Mailing Address

1510 ARIANA ST  
BOX 90  
LAKELAND FL 33803



2. Principal Place of Business 21 1510 ARIANA ST Suite, Apt. #, etc. 22 LOT #388 City & State 23 LAKELAND FL Zip 24 33803	2a. Mailing Address 26 1510 ARIANA ST Suite, Apt. #, etc. 27 LOT #388 City & State 28 LAKELAND FL Zip 29 33803	3. Date Incorporated or Qualified 04/21/1983 4. FEI Number 59-2201272 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>
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9. Name and Address of Current Registered Agent

CONNLY, FRANCIS  
1510 ARIANA ST #90  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name  
Robert L. Kimmey  
82 Street Address (P.O. Box Number is Not Acceptable)  
1510 W. Ariana St., lot 388  
83  
Lakeland, FL 33803  
84 City  
Lakeland FL 85 Zip Code  
33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME KUEPER, CLEMENT STREET ADDRESS 1510 W ARIANA ST, SUITE 121 CITY-ST-ZIP LAKELAND FL	1.1 TITLE PD 1.2 NAME Kueper, Clement 1.3 STREET ADDRESS 1510 W. Ariana St., lot 358 1.4 CITY-ST-ZIP Lakeland, FL 33803
TITLE VD NAME WOOD, DONALD STREET ADDRESS 1510 W ARIANA ST, SUITE 257 CITY-ST-ZIP LAKELAND, FL 00000	2.1 TITLE VD 2.2 NAME Alford, George 2.3 STREET ADDRESS 1510 W. Ariana, lot 108 2.4 CITY-ST-ZIP Lakeland, FL 33803
TITLE SD NAME OBERHAUS, MONA STREET ADDRESS 1510 W ARIANA ST, SUITE 434 CITY-ST-ZIP LAKELAND FL	3.1 TITLE SD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE TD NAME CONNOLLY, FRANCIS STREET ADDRESS 1510 ARIANA ST. #90 CITY-ST-ZIP LAKELAND FL	4.1 TITLE TD 4.2 NAME Kimmey, Robert L. 4.3 STREET ADDRESS 1510 W. Ariana, lot 388 4.4 CITY-ST-ZIP Lakeland, FL 33803
TITLE D NAME OLIVER, CHARLES STREET ADDRESS 1510 ARIANA ST. STE 318 CITY-ST-ZIP LAKELAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE D NAME THOMPSON, RUTH STREET ADDRESS 1510 W ARIANA ST, SUITE 402 CITY-ST-ZIP LAKELAND FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)